

# Oncofertility Care Pathway Conversations / Actions

This is the ideal oncofertility care pathway for any person diagnosed with cancer as an adolescent or young adult (AYA), between the ages of 15-39, at BC Cancer. Aligned with BC Cancer's fertility policy (2024), the care pathway may extend to individuals over 40 who are of childbearing age. The pathway and timing between steps may differ depending on each person's unique needs. Ideally, many steps occur quickly to enable treatment to begin.

## Pre-first appointment Nurse/Survey to:

- Introduce concept that treatment may affect fertility and pregnancy
- Introduce that options/support exist to preserve fertility
- Mention Patient & Family Counselling (PFC) and the services they offer for AYAs.
- Provide link to [online resources \(including costs\)](#)
- Prepopulate fertility and cancer referral form for fertility clinic if AYA desires

## Before first appointment with clinician Nurse to:

- Offer an overview of what to expect at first appointment with oncology team
- Note partner/family member/support person welcome to join all appointments and that support can be helpful to receive and document information
- Raise fertility and pregnancy considerations noting that treatment may affect fertility and that options exist to preserve fertility
- Encourage AYA to think beyond cancer when considering fertility preservation
- Provide link to [online resources](#) (including costs)
- Explore any AYA questions and concerns and AYA specific needs
- Link AYA to Patient Experience team to connect with relevant peer support options and PFC for counselling support

## First appointment Clinician to:

- Raise fertility considerations including further detail on how treatment may affect fertility, and that options/support exist to preserve
- Highlight relevant options to preserve fertility (e.g. freezing sperm, eggs, embryos, ovarian tissue) if necessary
- Offer information about ovarian/gonadal suppression during treatment and side effects
- Ensure PFC referral occurred - if not, issue referral
- Provide AYA with fertility and cancer resource: brief print version with link to comprehensive online resource
- Encourage AYA to carefully consider how treatment may affect fertility and may impact family planning in the future
- Remind them to reach out to PFC and/or fertility clinic to discuss further
- If AYA would like to or is unsure about fertility preservation and/or having a family in the future, issue referral for consult to fertility clinic
- When referring to fertility clinic be sure to order any necessary blood work and offer details on diagnosis, treatment plan, and oncology contact

## Follow up after first appointment

### PFC to:

- If AYA is unsure or would like to consider having children in the future, request that clinician issue referral for consult to fertility clinic if not already in place
- If AYA is unsure or would like to consider having children in the future, share insight on key decision factors: urgency/complexity of preservation pending diagnosis type/stage, geography, financial, intersectional identities (sex, race, age, gender, (dis)ability, language, etc.) Regardless of response, be sure to explore long term implications and helpful/pivotal resources (i.e., financial support, grief support)

## Fertility consult

### Reproductive Endocrinologist to:

- If AYA would like to pursue preservation, coordinate dates and times with oncology care team with sensitivity to urgency of AYA's specific situation
- For those referred to fertility clinic, designate fertility clinic contact to ensure continuity of care, and share with oncology team and AYA
- Issue urgent requisitions (if not already ordered)
- Discuss options including
  - procedure and timing
  - costs including long term costs
- Ensure AYA connected to financial support sources, comprehensive online resource, PFC services

## Follow up after fertility consult and before treatment begins

### PFC to:

- Check in to see if AYA needs any support and has any outstanding questions
- Revisit long term implications and helpful/pivotal resources (i.e., financial support, grief support)

## First treatment

### Clinician to:

- Raise fertility issue again
- If AYA is unsure or would like to consider having children in the future, and if referral to fertility clinic has not yet occurred, postpone treatment, and issue referral to fertility clinic for urgent consult

## During treatment

### Clinician to:

- Continue to discuss impact of new or changes in treatment on fertility as appropriate.

## Post treatment

### Clinician to:

- Tell AYA how treatment affected fertility and what to expect with fertility and sexual health
- Refer AYA to a fertility counsellor
- Regardless of reply to prompt, discuss family planning including safe wait times following treatment before trying to have children
- Refer to appropriate clinicians for support with sexual health concerns resulting from treatment
- Remind AYA about PFC services to support (family planning, sexual health)